

# Waterline replacement project (S-000035-0188-4)

## SPECIAL NEEDS FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

How Many People in Your Home: \_\_\_\_\_

Describe Special Needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This information will be given to Scott Ellefson who is the Project Manager for the project and he will inform contractors of residents with specific needs.**

**Please complete this information if you or a neighbor is homebound, Disabled, requires dialysis treatments, or have other critical concerns.**

**Please complete this form, mail/fax it to the following:**

**Scott Ellefson, Project Manager**  
**D.L. Elliott Enterprises, Inc.**  
**Office: 281-705-2251**  
***(24-hour primary construction contact for residents)***

**Willie Raymundo, Project Manager**  
**City of Houston Department of Public Works & Engineering**  
**Engineering & Construction Division**  
**P.O. Box 1562**  
**Houston, TX 77251-1562**  
**Office: 832-395-2370**  
**Fax 832-395-2403**  
**[willie.raymundo@houstontx.gov](mailto:willie.raymundo@houstontx.gov)**